

TRANSMITTAL FORM

Application Number	09/884,284	
Filing Date	June 19, 2001	
First Named Inventor	Chang, Michael	_
Art Unit	2612	
Examiner Name	HENN, TIMOTHY J.	
Attorney Docket Number	018170.25 00119	

(to be used for all correspondence after initial filing)

Examiner Name

HENN, TIMOTHY J.

Total Number of Pages in This Submission

12

Attorney Docket Number

018170-25.00US

100	ai Number of F	rages in i	nis Submission	12						
ENCLOSURES (Check all that apply)										
\boxtimes	Fee Trans	mittal For			Drawii	,,,,,,			Appeal Cor	ance Communication to TC nmunication to Board and Interferences
Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority			Rem	Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Remarks The Commissioner is authorized Account 20-1430.				Appeal Cor (Appeal Not Proprietary Status Lette Other Encloselow): Postcard	nmunication to TC ice, Brief, Reply Brief) Information er osure(s) (please identify	
Firm N	Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Townsend and Townsend and Crew LLP									
Signate	ure	1						·		
Printed	l name	Ardes	hir Tabibi			•		-		
Date January 10, 2005				R			Reg. No.	48,750		
CERTIFICATE OF TRANSMISSION/MAILING										
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.										
Signature Lawley										
Typed	or printed n	name	Diane Hawley	,		1.	_		Date	January 10, 2005

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	F	E

Effective on 12/08/2004. Scuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

Applicant claims small entity status.	See 37 CFR	1.27

TOTAL AMOUNT OF PAYMENT (\$) 60

Complete if Known				
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				Altorney Docke	110. 010	170-23.0000	
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP							
For the above	ve-identified depos	sit account, the D	irector is her	eby authorized	to: (check all	that apply)	
	e fee(s) indicated t			.—	rge fee(s) indi	cated below, exce	pt for the filing fee
Charge	any additional fee	e(s) or underpayr	nents of fee(s) Cred	lit any overpay	/ments	
WARNING: Information	on this form may b	ecome public. Cre	edit card infor	mation should n	ot be included	on this form. Provid	le credit card
information and author		8					
		EVAMINATIO	N EEES	<u></u>			
1. BASIC FILING,		G FEES		CH FEES	EXAMIN	ATION FEES	
A	<u>Sr</u>	nall Entity	_	Small Entity		mall Entity Fee (\$)	Fees Paid (\$)
Application Typ		Fee (\$)) Fee (\$)			rees Palu (4)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	<u> </u>
2. EXCESS CLAIM	A FEES						Small Entity
Fee Description Each claim over 20	or for Reissue	s each claim o	ver 20 and	more than in	the original	natent	Fee (\$) Fee (\$) 50 25
Each independent	claim over 3 or,	for Reissues,	each indepe	ndent claim i	nore than in	the original pat	
Multiple dependen							360 180
Total Claims	Extra Clai		<u>Fee</u>	Paid (\$)	<u>Multiple</u> Fee (\$	Dependent Clair Fee Pai	
HP = highest number of	or HP = total claims paid for,				1 00 (1001 at	2.161
Indep. Claims	Extra Clai			Paid (\$)			
-3 HP = highest number of	or HP =	XX					
3. APPLICATION		ald for, it greater to	ian o				
		exceed 100 sho	ets of pape	r, the applica	tion size fee	due is \$250 (\$1	25 for small entity)
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u>	Extra Sh			h additional 5			<u>Fee Paid (\$)</u>
100 = / 50 = (round up to a whole number) x =							
4. OTHER FEE(S) Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other: One month extension60							
SUBMITTED BY							
Signature	MVC/			Registration No Attorney/Agent)		Telephone	650-326-2400
Name (Print/Type)	Ardeshir Tahihi		-			Date Jar	nuary 10, 2005